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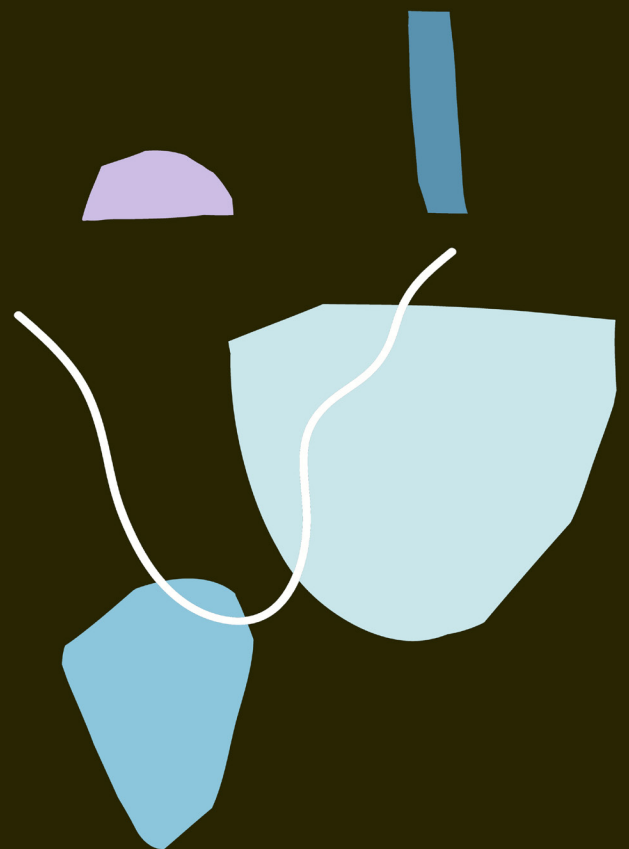
A Culturally Responsive Inventory

— *for* —

Social Workers, Therapists,
Counselors, and Clinicians

— *on an* —

Anti-Oppressive Journey



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Anti-Oppressive Journey

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This Culturally Responsive Inventory is designed to be used in accordance with the [CRE Curriculum Scorecard](#) and [CRSE STEAM Curriculum Scorecard](#)

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About the Metropolitan Center for Research on Equity and the Transformation of Schools

NYU Metro Center advances equity and excellence in education by connecting to legacies of justice work through critical inquiry and research, professional development and technical assistance, and community action and collaboration. Born of the dream of achieving equity in public education, NYU Metro Center was founded in 1978 by NYU Professor LaMar P. Miller. Today, NYU Metro Center is nationally and internationally renowned for its work on educational equity and school improvement. It brings together scholars, educators, and innovators from diverse backgrounds to collaborate on a range of projects to strengthen and improve access, opportunity, and educational quality across varied settings, but particularly in striving communities. Its professional development and research programs prepare educators, families, and communities to improve school culture and climate, reduce referrals to special education, better support the unique needs of historically marginalized students, such as emergent bilingual students, students across a range of abilities, LGBTQIA children and youth, and racially/ethnically diverse students, as well as inform policy and practice interventions.

About the Education Justice Research and Organizing Collaborative (EJ-ROC)

The Education Justice Research and Organizing Collaborative (EJ-ROC) at the Metro Center brings together researchers, data and policy analysts, and community organizers to provide critical research, data, policy and strategic support for the education justice movement, schools, and districts. We partner with grassroots organizations, schools, and districts to bridge community-based solutions with school and district policy. EJ-ROC aims to democratize education data, research and policy, maximize the synergy between research and community organizing, magnify the voices of grassroots communities of color, and advance the capacity of organizing efforts to design solutions, make demands, and sustain policy wins, and education systems change. EJ-ROC builds on the long tradition of movement-driven, community-derived research and uses an explicit racial justice lens in our two main areas of work.

Acknowledgments

The authors would like to thank our past, current and future clients, students, teachers, supervisors, mentors and thought leaders who cultivate and nourish our own ongoing anti-oppressive journeys.

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Purpose + Grounding

The task of resisting our own oppression does not relieve us of the responsibility of acknowledging our complicity in the oppression of others.

— Beverly Tatum

This inventory is designed for personal introspection and teamwork reflection. With an awareness of oppressive modalities and systems, it asks us to examine the identities we serve, those we don't and what we need to do to serve clients effectively and holistically.

Many practitioners are taught to focus on the individual and presenting issues. Yet when we fail to recognize the ways systematic inequality and discrimination impact our clients, we replicate these systems on an individual level and fail our clients. To be culturally responsive clinicians, we must examine the broader context our clients live in and be conscious of them. This inventory invites us to bring in a systems perspective to confront and name the way biases can recreate structural inequalities and impact the individual and our work together.

First, we work to understand ourselves. This journey allows us to support others to understand their own identities and the socio-political context surrounding them. To do this, we have to turn inward, investigate ourselves and continuously learn about which identities we are not paying attention to, and when and where our identities are privileged or marginalized.

We look at sexuality, race, gender, disability, body size, ethnicity, culture, education, finances, community, work, trauma, ancestral experiences all in the attempt to provide identity-centered therapy. Then, we discuss with others. It is a cyclical ongoing process. Some of our identities can change and shift just as the socio-political environment we live in shifts. Keep talking and learning!

How Can Clinicians Be Culturally Responsive?

Most of us have had an ethno-studies, culturally competent or diversity class in our clinical coursework. Unfortunately, one or two classes and a few internships, and even years of work experience do not do enough to prepare us for anti-oppressive and anti-racist work with clients. Therapists, social workers and mental health clinicians work in systemically racist institutions and within a historically problematic system of mental health. We have to actively work towards dismantling our socialization and biases, make changes in systems and processes, and constantly interrogate our decisions over others' lives. We are gatekeepers to services for wellbeing, healing, and the ability to thrive. To be culturally responsive clinicians,

we have to constantly reflect on our own identities, the identities of those we serve, and the socio-political context in which we all live.

How to Use this Inventory

Individuals can use this inventory slowly and carefully, taking time to reflect on each section. We recommend that you meet with others in group supervision, accountability hubs, or affinity groups to discuss and learn from the reflections of others.

Groups can take one section at a time to process and interrogate their practice and socio-political contexts in accordance with clients.

We offer this inventory not to encourage anyone to believe that they have arrived at being culturally responsive, but to enter the ongoing process of approaching a culturally responsive practice. To be a culturally responsive clinician is to constantly be aware of and reflect on your identity markers and how we you are working with clients through an equity lens. Culturally responsive clinicians are reflective and cognizant of power structures, oppression, and systemic racism. We must continue to learn and unlearn.



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Your Practice and Norms

A white teacher is making a referral for counseling for a Black child in a school setting. The teacher describes the student as “an at-risk student who is unmotivated, defiant, and oppositional” but does not share or recognize what the student strengths are.

*How might this impact the way you judge the student before meeting them? What does it say about the goal of the referral the teacher is making?
Where might bias exist in the teachers’ referral?*



Overview

What frameworks do you hold in your practice? (CBT, DBT, Psychoanalytic, etc.)

How many are developed by Black, Brown, Indigenous, POC?
People with Disabilities, LGBTQIA backgrounds?¹

Do you focus on individual change as a pathway towards healing or do you name structures, institutions and systems as potential roadblocks?

Do you practice from a deficit model? Or do you believe that all clients inherently have strengths and worth?

Where do you notice respectability² shows up in your practice, in your clients?

Around Classism? Finances? Education? Language?

When you serve clients with identities you don't have experience in working with, how do you acknowledge what you don't know?

How do you and your colleagues speak about clients to each other?

How do you manage conflict among practitioners? What are your beliefs around conflict?

How often do you and your clients discuss the power differentials/sameness in your identities in your sessions? Who brings it up?

When do you refer clients to other settings/clinicians? What motivates those decisions?

1 Other theorists: Rumi, Krishnamurti, Dr. Ken Hardy, Alice Wong

2 Read more about Evelyn Brooks Higginbotham’s work on Respectability Politics

Overview

In your personal life, what kind of authors do you typically choose?

What groups of people are on screen?

What was the last book you read? What characters? Any disabilities? Varying ethnicities? What was the last show you watched?

What was the rhetoric in your childhood home around gender? In school? In college?

Have you examined and been regularly introspective on the impact of gender on your life and experiences? Do you recognize this is ongoing and will forever continue?

How do you recognize gender reveals and other gender focused events in your culture?

Are there themes among your clients around gender?

Do you often assume you know someone's gender or sexual orientation?

What was the rhetoric in your childhood home around religions that differed from your own? Was there no rhetoric? What does that mean?

What was the rhetoric around other races in your home? Around the same race of people but of different class levels? Was there no rhetoric? How does that impact you?

How do you accommodate clients who have challenges with reliable childcare?

Do you use any nicknames for clients?

Do you know how to pronounce their full names? Do you practice?

If you see a client outside of the therapeutic setting, how do you acknowledge them?

If you see a student in the hallway do you treat them with positive regard?

If you see a client on the way to the bathroom, would you say hello?

Do you offer a greeting when you text, email, respond to people? Do you jump right in?

What kind of greeting?

Do you check in before jumping into business?

How do you feel about interrupting?

Is it a part of your culture to interrupt others?

Why is it important to acknowledge your identity markers and power if you do interrupt someone?

1. Your Office Space

A client arrives for an intake using a wheelchair. When they enter your office, they notice that there isn't a wheelchair accessible bathroom. Additionally, you realize that there is not a space in your office for a wheelchair, meaning they have to sit closer or further away from the therapist than a client who does not use a wheelchair would.



What does this tell the client about your ability to offer care and support for them?

Most schools, offices and private practices are not accessible — how does this impact your ability to serve clients?

What items are in your office? Which ones reveal aspects of your identity, interests?

Are you trying to be a “blank slate”?

What quotes? What books? What authors?

What is the smell in your office space?
(Scents/perfumes can be sensory issues for some people.)

Is your office accessible?

If not, how can you make that known and apparent for those who may need accessibility?

Can you offer an accessible option for clients who would like it?

Would you meet at someone else's office if necessary?

We often think of accessibility in terms of movement, but what about a small model of your office for your clients who are blind? Etc.

Is your furniture/seating areas welcoming to all body sizes?

Does your intake questionnaire include information about accessibility?



2. Your Virtual Space

A client with limited sight comes into your zoom meeting for a session. The client asks you to provide a verbal description of what you look like, what's behind you, what color your clothing is, whether you wear glasses etc.

What would you change about your practice moving forward?



What is included in your Zoom background?

What quotes? What books? What authors?

This also includes examining your website and social media"

How is your name stated on Zoom? Your pronouns?

Does your background impact those with sensory issues?
(Blurred backgrounds can be difficult for those with migraines—check in with clients to see if they are okay with it.)

Are you including closed captioning in your session for sight impaired folks?

We take in and make lots of decisions based on what a clinician has chosen (consciously or unconsciously) to include in their frame and our brain makes split second judgements on whether a place or person is safe. How can you adjust for this?



3. Your Visuals

Your website shows predominantly white/white-passing bodies as clients. What might this be saying to clients who are non-white?

What images are on your website? Who is portrayed?

What texts guide your work?

What identities are you oriented towards and how is that stated?
Who is missing and/or excluded?

How do folks who are vision-impaired access your visuals?



4. Your Commitment

You work at a clinic that serves the local community. The local community has a high number of individuals and families who do not have documents the government says you need to reside there. You/your agency focus on individual, clinical work without addressing the institutionalized and systematic obstacles for your clients.

What does this say about the practice you are offering as a clinician?



How committed to the frameworks are you? Do you have them there but rarely reference them? Or do you always turn to them?

Do you use some that aren't listed?

How have you integrated varying identities? (CBT, EMDR, DBT, are not inherently anti-racist.)

If you list that you are either Anti-Racist, LGBTQ-affirmative, Disabilities-affirmative, or Anti-oppressive how do you make sure you stay up to date and aware?

Do you have regular supervision with a group or supervisor focused on the topics?

Do you participate in Affinity Groups?

What is your network of clinicians and folx focused on this?

Do you advocate for changes at the mezzo/macro level?

How do you maintain your commitment to anti-oppressive practices?

What practices do you incorporate for yourself/community to commit to a lifelong practice of learning, unlearning and doing the work?

Do you have an understanding of differing family and living structures? i.e., single parents, single people, gay people, adopted or foster children, same-sex parents, other relatives living with the family, polyamory etc.

Do you call it Relationship Therapy not Couples Therapy so that a third or fourth member of the relationship has the option to join?

What are your experiences and feelings towards polyamory?

5. Your Rituals

A client arrives to a session with a clinician and the room has been changed around. The client is very thrown off but the clinician wants to begin talking about the goals they have been working on. You don't think it is a big deal that the room looks different and you have a deadline to report to your boss about this particular high-risk client. But, you realize the client can not stop talking about the room.

In what ways might the client be impacted?

What rituals are a part of your sessions?

Which clients experience which rituals?

Who might be impacted by these?

What does a client experience the moment they come to your neighborhood, block, hallway, door, waiting room, treatment room?

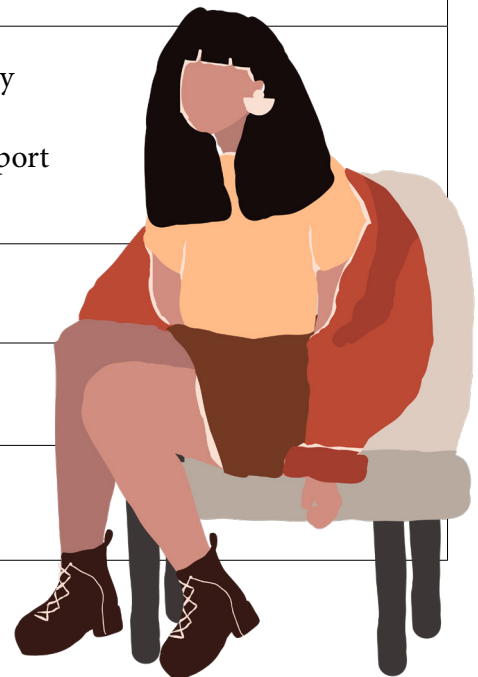
What does a client experience in your emails, Zoom/Psychology Today links?

When do you take time off from sessions? Who is impacted by those dates?
(If you take time off during the December holidays, what support do your clients have?)

How do you start sessions? Is it the same each time?

How do rituals serve children, adolescents, adults?

What do some clients like as rituals and what about others?



6. Your Organization

In a weekly supervision group a clinician asks for guidance and resources for a client of Chinese descent who has recently been harassed on the subway. A fellow clinician makes a racist remark. The supervisor does not acknowledge the comment nor do any of the other clinicians in the group.

What message is the supervisor and other clinicians sending? Is there a way for you to share your concern about your colleague's comment to the colleague or the supervisor? What does this reveal about your organization's ability to confront racism in the workplace?

What are the identities of the official leaders of your organization? The board?

What are the identities of those who hold official and unofficial power in your organization?

Does your organization offer internal training on bias?

What is communication like in your organization? Top down? Bottom up?

How accessible is it for employees to speak with decision makers?

How does your organization handle internal conflict?

What systems are in place to file a grievance if an employee feels harmed by a client?

If an employee feels harmed by another employee? Or by a superior?

What are your beliefs around conflict?

How does your organization manage power dynamics?

Resource: [Continuum on Becoming an Anti-Racist Organization](#)

Your Identities

Reflect on your identity yearly or monthly, and with others with the [power identity profile](#). Use this chart below to start understanding your positionality in the world.³ You can and should mark off more than one box when it applies. Identity markers often overlap and change. Please make notes and indicate more than one column or row if that fits your identity. Make multiple copies and return to this to track how this changes.

1. Your Identity Markers										
	Black	White	Asian American Pacific Islander	Latinx/ae/e/o ⁴	American Indian / Alaska Native	Middle Eastern	LGBTQIA+	Religion	Disabled	Veteran
I am / I was										
My elementary school was										
My teachers were mostly										
Most of my friends are										
My dentist is										
My doctor is										
My neighbors are										
My intimate partner(s) are										
My intimate partner(s) up to this point were										

3 Great resource for looking at identities: Readings for Diversity and Social Justice (2020).

4 The concept of Latine/x/a/o is canceled (Flores, 2021)—read about it and discuss with people who are ready/interested in learning more.

2. Your Body

You are working with a fat-bodied client who is sharing their feelings about a negative experience with their medical doctor. Their doctor discounted their symptoms and instead told them to focus on losing weight. This has been a common experience for the client through multiple medical systems.

If you are unaware of institutionalized fatphobic medical systems and resources that provide context to those systems, you might reinforce the same fatphobic responses and alienate your client.

What can you do to inform the client that you have work to do?



What are your own body size requirements, judgments, hopes, dreams, fears?

How have you lost bodily autonomy?

How much space do you want to take up? Less or more than you do?

What were your family member's experiences with body size?

What is the rhetoric you experienced growing up around fat people and experiences?

How do these impact you?

Do you have Westernized information about the relationship between fatness and health?

What cultures do you work with and how do their beliefs about the body differ from your own?

What do people think when they look at you?

Does this match what you believe about yourself?

3. Client Data

Your agency has stopped offering clients the option to do remote sessions. You work with an immunocompromised client.

How might this policy impact that client?

Who is included or excluded by this policy?

How might it impact other clients who do not feel that in-person sessions are safe?

How might this impact the population you serve?

Where are your clients located?

What income brackets are your clients in? Are they all similar? Different?

Why do your clients seek you out?

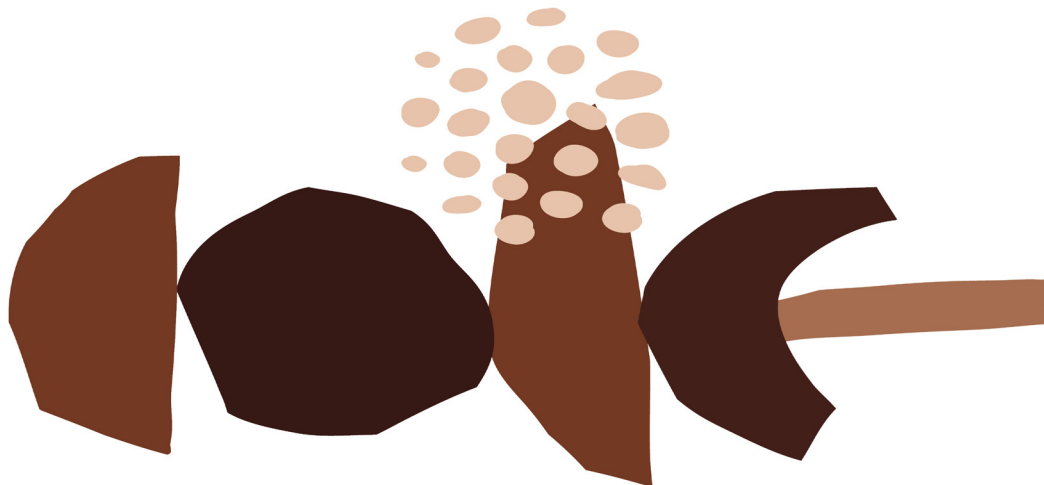
Who stops seeing you? Why? If you don't know — how come you haven't found out?

What is your niche?

Do your clients have health insurance?

Do they use it for clinical treatment? Why or why not?

Who makes referrals to you? Why?



4. Race

You are working with a 16-year-old Black student from a family who immigrated from the Dominican Republic last year. The student is sharing their experience of attending school in New York City and is expressing beliefs and ideas about a particular teacher that are anti-Black.

What information/skills do you need to question and confront these beliefs? Do you address it at all? How does not addressing these ideas harm the client?

How many clients do you have that are not of the same race as you?

How many clients do you have that are the same race as you??

Do you consider your own race when working with clients of the same race? Different race?

Do you address race in your sessions if you and your client are not of the same race?
Do you address it if you are of the same race?

How does anti-Blackness show up in your understanding of your self identified race?

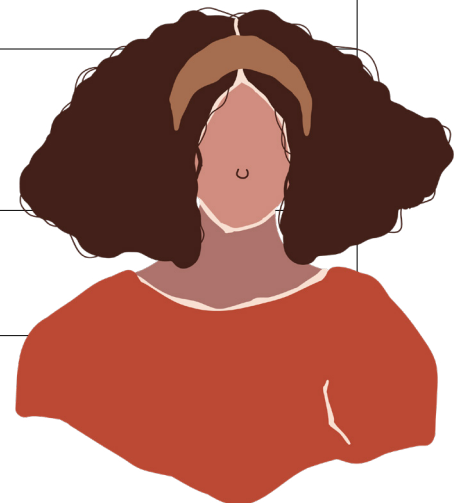
How does your education around race show up in sessions?

What practices do you have to unlearn [white supremacist culture and values](#) ⁵?

Does your understanding of race move beyond the individual experience to include an institutional and systemic perspective?

Do you consider a client's race when they are discussing their interactions with others?
When they are interacting with systems and structures?

How does “not seeing race” undercut your ability to serve, support and understand your clients?



5 White Supremacy Culture offered by Tema Okun, 2022

5. Financial Access

Every one of your clients pay out of pocket and do not use insurance. What barriers might be present in your/your agency's practices that might discourage or prohibit the use of insurance? What does this mean about your/your agency's accessibility to clients?

Which social class groups do you often receive as clients?

Does the virtual platform you utilize impact who sees you?

Does your office location impact who sees you?

Who may not have access?

Based on your rates/access, who do you cater to?

Based on your referral process or caseload, who do you cater to?

Who is ignored in your organization because of these structures?

Who cannot show up to sessions (in person or virtually)?

Who do you unconsciously or consciously hope won't show up?

What resources do you provide or advocate for in order to get clients reliable internet access?

Do you offer a sliding scale for all clients? Or only certain clients?

Why and whom do you offer it to?

What are your beliefs about clients who need assistance?



6. Geography

Your office is located in an area which is known to be a part of the gang RPT's territory. A client who was mandated to receive counseling services is referred to your program. The client is from an area that is dominated by the gang YGK, however if the client fails to follow through on services, they could be remanded or their bail revoked. If your agency is not aware of the dynamics of the area, and the client does not feel safe in the area, their freedom could be in jeopardy. If they do come to receive services, their safety could be in jeopardy.

What can you do in this situation to acknowledge and manage the socio-political context that this client lives within?

Are you aware and up to date on the sociopolitical climate of your clients and the people who are in your area?

Do you read the news they care about?

Are all your clients safe to come to your area?

Why might certain clients feel unsafe coming into your area?

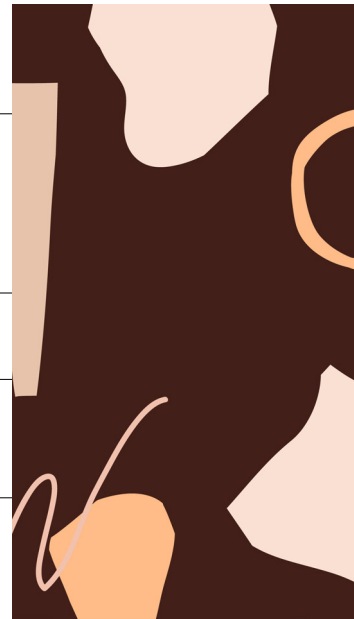
Is your work space accessible by public transportation?

Are you connected with local community-run organizations in the area your practice/school is?

What is your relationship with the police?

Have you felt the need to call them?

What are the potential unintended impacts of police presence in the area you serve?



Resource: [Community Based Alternatives to Calling the Police](#)

7. Land and Environmental Privilege

A client who lives on a reservation reports that both of her children have developed asthma and it is a constant source of anxiety and fear. Their reservation is surrounded by heavy manufacturing and has a high rate of asthma in the community. The client does not want to move away from her community.

How would a historical understanding of tribal lands and environmental degradation be helpful in supporting this client? What resources would you share with them?

What preconceived ideas do you have about tribal communities? How might that impact how you work with your client?

Whose land do you live on?

When did your family come to the land you are on? The land you grew up on? The land your ancestors were on?

What harms happened on the lands you have lived on?

Did those harms show up in your day to day? Why or why not? Who might they have shown up for? (Example: If you are not Indigenous, you might not notice that you use Indigenous names of places and lands daily.)

What is your family's relationship to climate change?

Has your life been impacted by harm done to land?

Does your family participate in potentially harmful activities?

How does your practice create waste? How can you reduce waste?

What is your plastic usage?

What is the environmental racism impact in your neighborhood, town, area, state?

What major issues are you aware of? Unaware of?

How do you address climate anxiety?

Do you provide a critical lens of how power dynamics impact climate anxiety?

8. Age

Your supervisee was given a referral for a patient who is 77 years old. Your supervisee says to you “I’m not sure I can work with this client”.

Where does that belief come from?

How do you address it with your supervisee?

What ideas about age/aging are present in this comment?

Do you hold any beliefs around treating people who are younger than you?

Who are older than you?

What ideas do you hold around age and cognitive and physical abilities?

Is there a specific age population you don’t feel adept at working with? Why?

What underlying beliefs are there about that stage of life?

What ideas about dependence/agency do you hold for different age groups?

How does ageism play a part in your organization?

What age ranges are the people at the top of the organization and on the board?

What about the people on your team?

Who are seen as the technologically-advanced people?

The reverse?

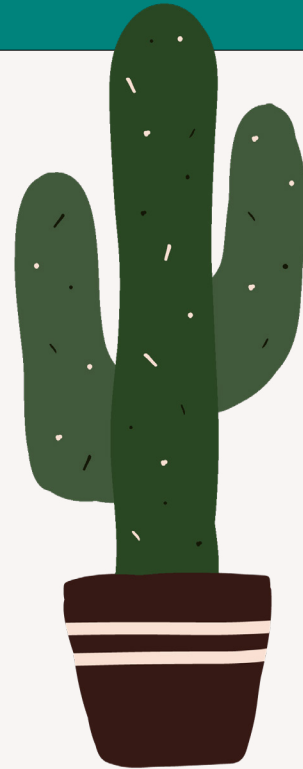


9. LGBTQIA++ Affirmative Practice

A client is debating how to support their 13-year-old who is experiencing gender dysmorphia. The 13-year-old wants to start hormone blockers before puberty progresses further, but your client feels that their doctors are uninformed and not supportive of the 13-year-old's request.

What do you need to educate yourself on to better support your client?

What resources would you provide? Where might you direct the parent to receive medical expertise?



Do you assume a client's sex identity?

Do you ask every client their pronouns?

Do your intake and other forms only include male/female binary?

Are you aware of the laws in the jurisdiction that you practice in around gender affirming treatment?

If there are anti-trans laws in your jurisdiction, how do you practice professional disobedience and work around them?

Do you have medical resources available for clients seeking hormonal therapy and gender affirming care?

10. Beliefs Around Gender

A client shares that a friend of theirs is having a baby and it is bringing up feelings of attachment and abandonment for your client. As you explore your clients feelings you continue to use the pronoun “she” for the pregnant person, however the client never shared what pronoun or gender identity the pregnant person identifies with. How do you go back and ask about the possible mistake you have made?

Do you ask all clients about their understanding about their gender?

Do you ask all clients their pronouns before starting a relationship?

Are your intake forms reflective of an understanding of gender outside the binary?

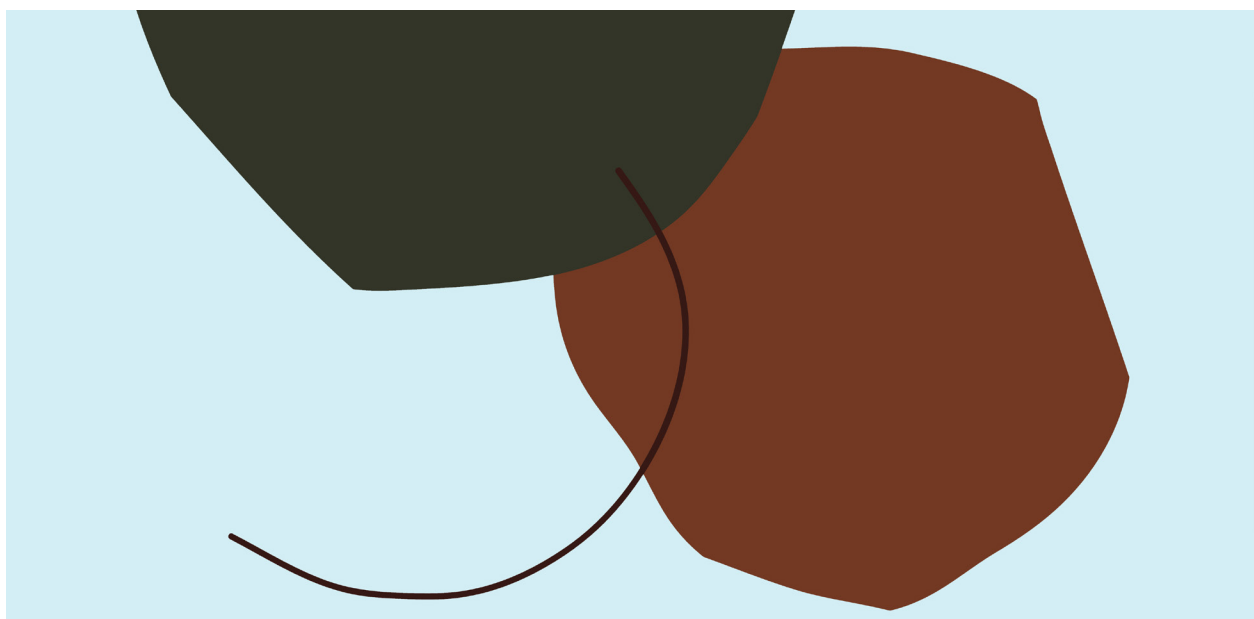
What ways do you help clients understand the way gender has impacted their lived experience in themselves, their families and their communities?

In what ways have you interrogated your own assumptions about gender?

Have you examined your vocabulary to analyze whether or not there is gendered language or assumptions?

Do you ask friends and family what gender their unborn baby will be?

What are your beliefs around gender-reveals?

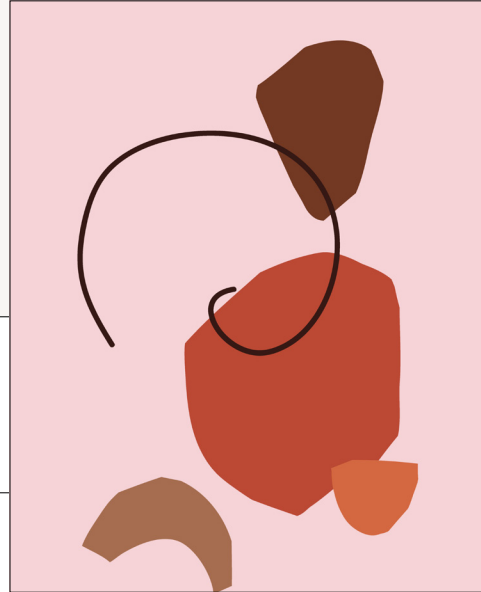


11. Reproductive Justice

A 16-year-old student you're working with shares with you that they are pregnant. The student has also shared this information with a teacher they trust who told the student that abortion is a sin and that they don't believe in it. The teacher and student share the same ethnic background.

*How might you work with the student?
What actions would you take with the teacher?*

What information do you need to encourage bodily autonomy?



Do you assume people want to have children?
("When are you going to have children?"
"Do you want more children?")

Do you assume gender when thinking about pregnant people?

What is your initial reaction when someone shares with you that they are pregnant?

Who do you expect to be sexual and who do you not expect to be sexual?
(People with disabilities, LGBTQIA+, etc.? — Use the identity grid)

Are you aware of the legal landscape for reproductive rights in your area?
How can you support bodily autonomy in areas that legally restrict it?

What was the story around having children in your family?
Was it viewed differently based on the gender identity of the family member?

What did you grow up believing around teen pregnancy?

12. Healthcare

You have a client who is seeking medical care to find out why they are getting frequent headaches. However, the client has serious debilitations when at the doctor's office, including fainting, nausea, and wanting to die. You learn that they have not attended the dentist in 20 years or gynecologist, ever.

What is your reaction? Do you incorporate this as a goal for the client? Or do you follow their lead around the medical care they are already seeking?

We are taught in certain scenarios to encourage clients to seek medical care—what historical and structural barriers might there be for clients of various identities to feel safe seeking medical care?

Why might someone be reluctant to seek out medical care?

Do you consider health care to be a fundamental human right?

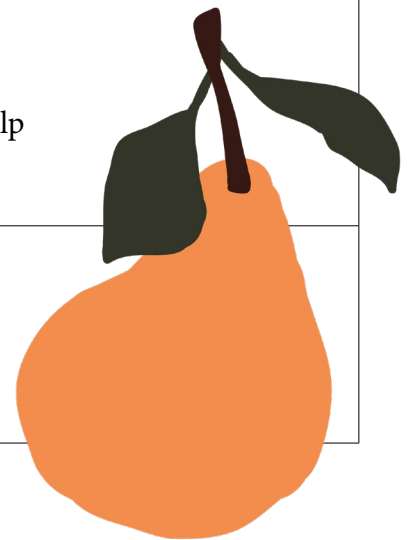
If clients do not have healthcare, do you have referrals and options for those clients to seek care?

What knowledge can you share with clients about the historical and systematic biases that exist in the healthcare system?

Will it help normalize their experiences? How can clinicians help a client navigate these biases?

If we make a referral for medical care, is the space we're sending clients to accessible?

Is it affirming?



13. Beliefs Around Class

You are working with a client who grew up poor and in foster care, who is working a middle class job and obtaining a master degree. He is a single parent of two children and receives criticism from his family for not disciplining his child with corporal punishment, for maintaining a vegan lifestyle, and not accepting help from some family members.



You find yourself praising him for some of his life decisions because they feel in line with his goals for success. However, at times he feels isolated and alone in his journey, despite having a large family he could lean on.

What do you need to interrogate in the ways you are working with him?

What do you understand about rugged individualism?

What assumptions do you make about the class status of the clients who come see you?

If you are in private practice and do not take insurance, how does that impact your ability to see clients from a diverse range of classes?

Do you/how do you ask clients about their class status and class history?

What assumptions do you make about the clients family history based on their class status?

What do you encourage around education, job access, meritocracy and rugged individualism?

14. Beliefs Around Work

Your client is stressed and anxious because they are working two jobs plus overtime and not able to make ends meet. They feel like a personal failure for not being able to provide the necessities for their family.

How might a lens that critiques capitalism help the client understand their positionality in a system rather than an individual failing?

What ways can you contextualize the clients' anxiety within an anti-oppressive framework?

How does your own understanding of who is 'deserving' and who is 'undeserving' impact your work with the client?

What is your understanding of how capitalism undergirds the history of oppression and current oppressive systems?

How does it impact the mental health system?

How does it impact your practice? (out of network benefits vs. taking insurance)

What has been your education around capitalism? Has it been normalized as the sole economic system?

In what ways do you benefit from a capitalist system?

Have you brought up capitalism in sessions with clients as a potential root of an issue? Why or why not?

How has your understanding of who is "deserving" and "undeserving" been influenced by capitalism?

Where does the belief in meritocracy show up in yourself? Your practice? Your relationships?

How do you wrestle with feelings of scarcity? Or abundance?

How might capitalist systems impact the mental health of a client?

What is your understanding of the word "lazy"? ⁶

6 Read about the Nap Ministry (Hersey, 2022).

15. Beliefs About the World

You are working with students who are requesting conflict mediation. One Jewish identifying student is upset that a Palestinian classmate made a social media post supporting protests against the Israeli government. During the mediation, the students are discussing their beliefs and the marginalization they are both currently experiencing due to their identities. The conversation is getting very heated and they are both bringing more allies who support their claims.

What can you do to respond to the conflict?

How can you use affinity groups in this situation?

What do you need to learn more about to understand the issues?

What global issues have you had the privilege of ignoring during your lifetime?

What global issues impact any ancestral traumas you have? What global issues you do not have the privilege of ignoring?

What languages or accents do you unconsciously respect more than others?

What countries do you travel to?

Where would you not travel to?

Do you read about issues impacting the countries of your clients?

Do you acknowledge generational trauma when it comes to hearing things on the news? (Example: For Ukrainians, it is traumatic to hear about the war in Ukraine, think about friends and family back home, etc.)

16. Beliefs Around Death, Religion, and Spirituality

A client has been exploring his spirituality and has been visiting Christian, Jewish, Islamic and Buddhist institutions. He doesn't feel any of these align with him and is interested in exploring his Indigenous and African ancestral spiritualities.

You do not know a lot about the options, but you know you heard problematic things about these ideologies when growing up.

What should you do to be culturally responsive in this experience with your client?

What were the “fringe” spiritualities you learned about growing up?

If you grew up without religion or spirituality, what was the narrative around people who did?

Which religions do you unconsciously have more respect for?

What religions did you have exposure to as a child/young adult/adult?

What are your beliefs regarding days of rest?

How might those differ from others and how does that impact your scheduling?

What religions were not as respected in your childhood experience? What spirituality was seen as problematic or taboo? How do you understand them now?

What are your beliefs around grieving?

How should it look and when should it dissipate?

What rituals around grief, death, spirituality are you uncomfortable with?



Your Actions

1. Hiring

Your supervisor tells you “I just look for a certain personality type when I am hiring. It doesn’t matter what skin color or religion they are; there is just a way that someone interacts with me that I know they will be able to do the job with clients.”

You are concerned because you recognize that some identities might have this quality, but may not feel safe enough with your supervisor to reveal it or may have experienced trauma on the way to the interview or in the interviewing room.

How do you explain this to your supervisor? What examples can you give to help your supervisor understand their identity markers and privilege?

What do you look for in a candidate?

Which candidates might show that preference you have more than other candidates?

Who do you work with?

What varying supervision options do you have for consultation?

Is there a majority identity in your practice?

Who is meeting with candidates?

What are the questions asked?

Does everyone get the same exact interview process?

What ideas/beliefs/images do you hold about “professionalism”?

When were you told you were not professional?

How does your identity impact that experience?



2. Mandated Reporting

You are holding a zoom session with a client who lives with their brother, sister-in-law and child. You hear in the background the sister-in-law berating and yelling at the child. You hear a loud commotion and your client shares that his sister-in-law will often “get into it” with the child when they are being disrespectful. Your client believes that this is concerning, but this interaction is normal to them.

What is your gut instinct at this moment? How does your body react when hearing this?

What assumptions might you be making?

What further questions might you ask the client?

When you think of child welfare services do you consider them systems of care?

Why or why not?

Who have you/your agency called child welfare on and why? Did you fully understand the needs of the family?

What do you expect child welfare to do for a family?

In your experience, has this expectation come to fruition?

Have you ever been pushed by a supervisor to call child welfare? What was their reasoning?

What has been the experience of the family when you've called child welfare?

Has there been a time that you've called child welfare out of fear of losing your license or being responsible for harm?

Have you called child welfare out of frustration, fatigue, or inability to know how to best serve students and family?

2. Mandated Reporting

If you have called child welfare, was there a child at risk of “imminent harm”?

Who are the clients you predominantly call child welfare on?

Are they predominantly white?

Do they have privileged class status and abundant resources? Are they abled?

If you have called child welfare, do you know the difference between “neglect” and “abuse”?

If you have called child welfare did you include the family in the phone call?
Why or why not?

Have you or your family ever been a target of an investigation?

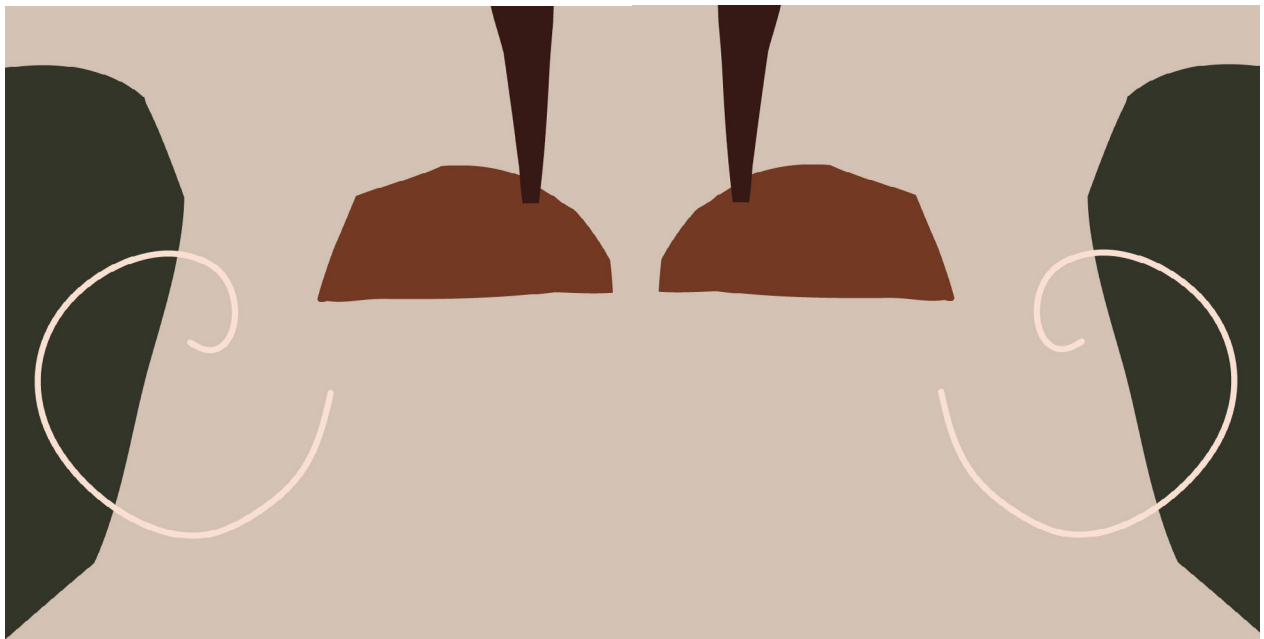
How does that frame your experience of being a mandated reporter?

If you have worked for child welfare, what was your experience like?

Did you feel supported by your agency?

Did you feel that policies designed to help families accomplished their stated goal?

If you worked for child welfare, how did families receive you?



3. Trauma-Informed Practice

Your organization experiences the sudden death of a staff member on site the day before. The staff member did not interact with clients but interacted with all the staff in your organization. The leadership team sadly informs the staff, but after the quick check in, sends everyone back to work.

What is the leadership team missing?

Is your organization trauma-informed?

Does your trauma-informed practice address staff and leadership trauma?

Does it include all stakeholders in order to not re-traumatize as an organization?

Are the policies and procedures in your organization reflected on regularly to reduce harm?

How do you integrate equity and identity work into your trauma-informed practice?

Do you acknowledge generational, ancestral, historical or cumulative trauma?

What is your work with insidious or racial trauma?



4. Anti-Racist Work

Your organization's website repeats that it is committed to Anti-Racist work. However, in your experience, DEI workshops are the first to get canceled and there is a lot more work to do due to continuous racist incidents.

How can this language be altered on the website to acknowledge that it is something the organization is working on, but have not arrived at?

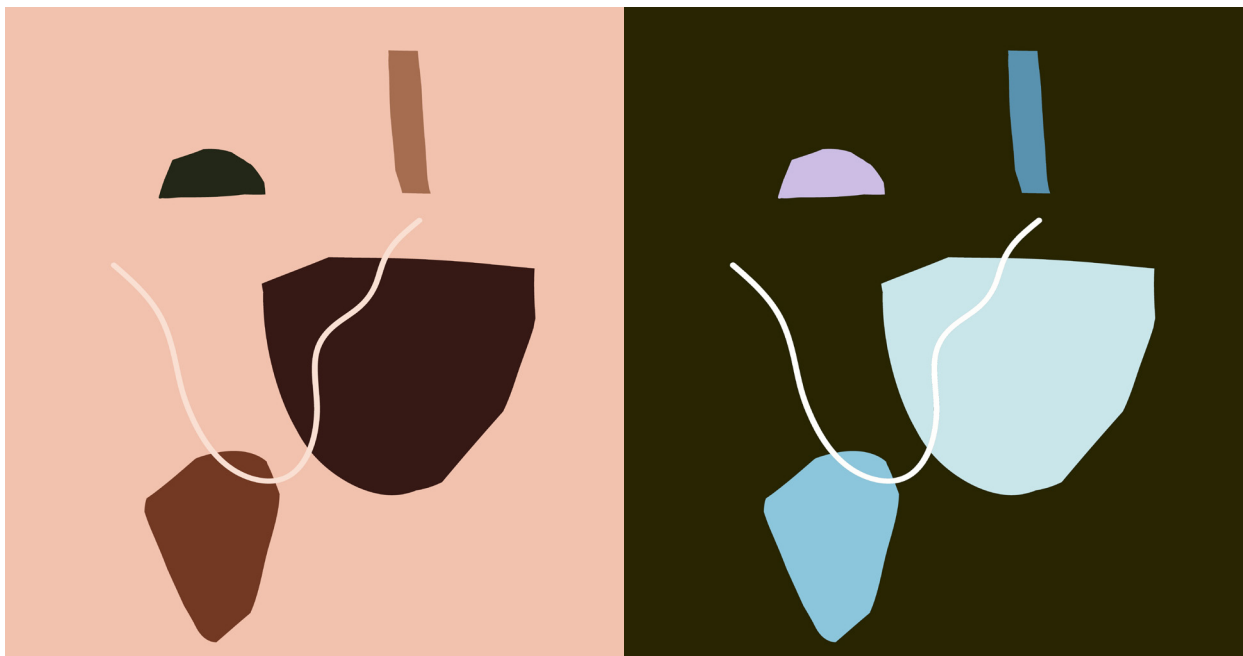
Is your organization committed to anti-racist work or are there a select few people or just you?

How much White Silence occurs at your organization? Are you aware of white silence and depending on your identity, how does it impact you?

Do you understand how your organization and your work plays into Systemic Racism?

Resource: Reflect on the [Racism Scale](#). Where do you fall?

How does your organization participate in spirit murdering (Love, 2019) of Black and Brown children?



5. Empowerment

You supervise a Black social worker who is creating a program for her Black students around neighborhood safety. She says “No one should ever feel unsafe on their way to school. I don’t know what that is like!”

She is upset because many of her students have reported that there have been issues on their way home. She feels she should go to the precinct and ask for police presence. She creates a plan of all the actions she is going to take on her community’s behalf. She is very proud of her plan.

How do you coach her to empower her clients rather than do the work for them?



Are you conscious of when you are trying to solve someone’s problems?

Do you acknowledge your identity and privilege when you are working to “empower” others?

Depending on your identity, what is your understanding of a White Savior issue?

How can other identities also hold a Savior mentality? Which identities?

What is your understanding of White Exceptionalism?

How does it show up in organizations that are doing great work?

How does your organization promote “poverty pimping”?

How are charitable and community based organizations in your area putting band-aids on issues?

What empowerment measures could be taken?

6. Using Clinical Modalities

You are working with a client on understanding how their thoughts impact their feelings and behaviors. You are using a trauma-informed CBT method, but the client lists a thought that they learned from her grandmother. They are not ready to combat that thought with a different one because they say this is something that has protected their family from racism and harm.

What do you realize about the CBT practice you are offering?

How do you honor her ancestors and their lessons and wisdom while practicing CBT?



Which modalities do you list as a part of your practice?

How many of them are inherently anti-racist, anti-ableist, anti-homophobic, etc?

If you use CBT, how do you acknowledge thoughts or experiences around generational trauma?

If you use EMDR, how can it be enhanced to acknowledge identity markers?

7. Respectability Politics

A Middle Eastern identifying clinician has a client of the same ethnicity. They typically relate on many subjects but the clinician is surprised to find out that they have a different belief and value around educational success. The clinician reveals “My client does not feel like education is important and I told him that he will not be as protected by the law when things go wrong. He doesn’t deserve it as much as someone who studies really hard, in my opinion.”

How do you address this belief with your colleague?



How do you understand how this impacts members of your own group?

How do you understand how this impacts members of whom you serve?

How does this show up in your beliefs around education, police brutality, children?

Because respectability politics always shows up in therapeutic work, how does it show up in yours?

Invitation

We invite you to use and return to this living resource regularly (we will work to update this document) to deepen your practice and commitment to culturally responsive care. And, keep in mind that while you can never arrive at this, you can always be on the journey to anti-oppressive therapeutic work.



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